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** CONTINUING DATA ***** <i>None DP</i>					
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Dale B. Halling</i> Examiner's Signature Initials		STATE OR COUNTRY IL	SHEETS DRAWING 6	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 15
ADDRESS Law Office of Dale B. Halling, LLC 24 S. Weber Street Suite 311 Colorado Springs, CO 80903					
TITLE SYSTEM AND METHOD FOR HOME AUTOMATION AND SECURITY					
FILING FEE RECEIVED 4882	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		